



State of Illinois
Department of Healthcare and Family Services
Department of Human Services
Illinois Medicaid Redetermination

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RNW - EN

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HH_NAME (RNW_ENGLISH)
ADDRESS LINE1
ADDRESS LINE2
CITY ST



February 12, 2014

Case ID: 033033010011Y

Dear HH_NAME (RNW_ENGLISH),

It's almost time to renew your medical coverage!

It's almost time for renewal, also known as "redetermination" or "re-de."

Here's how to renew:

1. Look for your Medical Renewal Form to come in the mail in about 15 days.
2. When you get your form, fill it out and find the proofs we ask for.
3. Send your completed form and proofs back by mail, fax or e-mail.
4. Be sure to sign and return your form by the due date.

→ You can find the due date on your form.

If you don't renew, you will lose your medical coverage.

You don't need to contact your caseworker to renew. You can do everything by mail, fax or e-mail. Call us at **1-855-458-4945** (TTY: 1-855-694-5458) if you move, so we can send your renewal form to your new address.

Thank you,

Illinois Medicaid Redetermination

Questions? Call **1-855-458-4945** (TTY: 1-855-694-5458). The call is free!
Monday to Friday from 7 a.m. to 7:30 p.m. and Saturday from 8 a.m. to 1 p.m.
E-mail us at **www.medredes.hfs.illinois.gov** or send a fax to 1-866-661-7025.
Tenemos información en español. ¡Servicio de intérpretes gratis!
Llame al 1-855-458-4945.



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Renewal Remind Letter
02/14 - RNW - EN
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